


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90397 036 ****61.25

DOCUMENT # N24487 1. Entity Name PRINCETON PLACE AT WIGGINS BAY CONDOMINIUM FIVE ASSOCIATION, INC.																	
Principal Place of Business 1044 CASTELLO DR STE 206 NAPLES, FL 34103 US			Mailing Address 1044 CASTELLO DR STE 206 NAPLES, FL 34103 US														
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country															
03242005 Chg-NP CR2E037 (10/03)				4. FEI Number 65-0040196													
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable													
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left; padding: 2px;">6. Name and Address of Current Registered Agent</th> <th colspan="3" style="text-align: left; padding: 2px;">7. Name and Address of New Registered Agent</th> </tr> <tr> <td colspan="3" style="padding: 5px; vertical-align: top;"> SOUTHWEST PROPERTY MANAGEMENT 1044 CASTELLO DRIVE #206 NAPLES, FL 34103 </td> <td colspan="3" style="padding: 5px; vertical-align: top;"> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code </td> </tr> </table>						6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent			SOUTHWEST PROPERTY MANAGEMENT 1044 CASTELLO DRIVE #206 NAPLES, FL 34103			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent														
SOUTHWEST PROPERTY MANAGEMENT 1044 CASTELLO DRIVE #206 NAPLES, FL 34103			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code														
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.																	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																	
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State													
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10														
TITLE	VD	<input type="checkbox"/> Delete	TITLE	TO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition												
NAME	HEBEN, JAMES		NAME	JAMES HEBEN													
STREET ADDRESS	380 HORSECREEK DR #303		STREET ADDRESS	380 HORSECREEK DR #303													
CITY-ST-ZIP	NAPLES, FL 34110		CITY-ST-ZIP	NAPLES FL 34110													
TITLE	PD	<input type="checkbox"/> Delete	TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition												
NAME	STAPLES, CARLTON		NAME	CARLTON STAPLES													
STREET ADDRESS	380 HORSECREEK DRIVE #105		STREET ADDRESS	380 HORSECREEK DR #105													
CITY-ST-ZIP	NAPLES, FL		CITY-ST-ZIP	NAPLES FL 34110													
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition												
NAME	JACKSON, ROBERT		NAME														
STREET ADDRESS	380 HORSECREEK DR., STE #305		STREET ADDRESS														
CITY-ST-ZIP	NAPLES, FL		CITY-ST-ZIP														
TITLE	SD	<input type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition												
NAME	HOULIHAN, RAYMOND		NAME	RAYMOND HOULIHAN													
STREET ADDRESS	380 HORSECREEK DR, #502		STREET ADDRESS	380 HORSECREEK DR #502													
CITY-ST-ZIP	NAPLES, FL		CITY-ST-ZIP	NAPLES FL 34110													
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition												
NAME	BASSO, MARY		NAME	ROBERT BASSO													
STREET ADDRESS	380 HORSECREEK DRIVE #302		STREET ADDRESS	380 HORSECREEK DR #302													
CITY-ST-ZIP	NAPLES, FL 34110		CITY-ST-ZIP	NAPLES FL 34110													
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition												
NAME			NAME														
STREET ADDRESS			STREET ADDRESS														
CITY-ST-ZIP			CITY-ST-ZIP														
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.																	
SIGNATURE: _____ 4/11/05 234 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																	